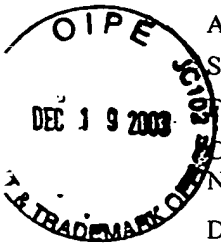


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RCE/3738



Applicant: KOHRS  
 Serial No.: 09/777,631  
 Filed: FEBRUARY 6, 2001  
 Confirmation No.: 4464  
 Examiner: B. SNOW  
 Group Art Unit: 3738  
 Docket: 6683.26USC1

Due Date: JANUARY 7, 2004 (Two-Month Date)  
 Title: INTERVERTEBRAL IMPLANT WITH REDUCED CONTACT AREA AND METHOD

**CERTIFICATE UNDER 37 CFR 1.8:**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 15, 2003.

By:  
 Name:

*Debra A. Bailey*  
*Debra A. Bailey*

Mail Stop RCE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**23552**

PATENT TRADEMARK OFFICE

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal Sheet in duplicate containing Certificate of Mailing
- ☒ Request For Continued Examination and fee of \$770.00
- ☒ Amendment and Response
- The fee has been calculated as shown below in the "Claims as Amended" table
- ☒ Terminal Disclaimer and check for \$110.00
- ☒ Check in the amount of \$438.00 for additional claims fee
- ☒ Return postcard

**RECEIVED**

DEC 23 2003

TECHNOLOGY CENTER R3700

**CLAIMS AS AMENDED**

| Claims Remaining After Amendment |   | Highest Number Previously Paid For |   | Present Extra |   | Rate  |   | Fee      |
|----------------------------------|---|------------------------------------|---|---------------|---|-------|---|----------|
| Total Claims                     |   |                                    |   |               |   |       |   |          |
| 35                               | - | 25                                 | = | 10            | x | 18.00 | = | \$180.00 |
| Independent Claims               |   |                                    |   |               |   |       |   |          |
| 9                                | - | 6                                  | = | 3             | x | 86.00 | = | \$258.00 |
| MULTIPLE DEPENDENT CLAIM FEE     |   |                                    |   |               |   |       |   | \$0.00   |
| TOTAL FILING FEE                 |   |                                    |   |               |   |       |   | \$438.00 |

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers or any future reply, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

MERCHANT & GOULD P.C.  
 P.O. Box 2903, Minneapolis, MN 55402-0903  
 612.332.5300

By:

Name: Karen A. Fitzsimmons

Reg. No.: 50,470

KFitzsimmons:PLSdb

*Karen A. Fitzsimmons*